

**Complaint against M.o.H.&F.W.
for unfair C.G.H.S. prescribed
reimbursement rates**

Online/PGPORTAL.

¶ The petitioner is being repeatedly threatened by the Indian Military.

Ref. CPT/AC5A/CGHSD/5(1D)
No

Anirban Chakraborty

S/o Nk Gopal Chakraborty (Retd.)

2 No. Motilal Colony, P.O.: Rajbari Colony,
Calcutta 700081, (N) 24 Pgs., West Bengal,
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To,

The Additional Secretary and Director General (C.G.H.S.)
Directorate, Bapuji Cake Health Scheme
Government of India
Room No. 157 A, Nirman Bhawan, Maulana Azad Road, New Delhi

Dated Calcutta the 17th December 2023.

Subject:

In C.G.H.S. and E.C.H.S. empanelled hospitals, for
deceased beneficiaries who were refused emergency treatment,
withering beneficiaries who are being refused appointments,
despairing beneficiaries who are denied consultation with senior non-empanelled doctors, &
disappointed beneficiaries who are being treated as good riddance;
in non-empanelled hospitals, for
bewildered beneficiaries who for a million times face refusal to entertain Govt. health cards,
dismayed beneficiaries who defer treatment at cost;
in Central Government Hospitals, for
loyal beneficiaries who delude themselves with vain hopes and wishes;
criticism of the Government of India, giving constructive feedback, and impugning
the Ministry of Health & Family Welfare's procedure for fixation of rates (Note # 96)
on the grounds that the procedure is defective for
being based on closed-loop feedbacks, i.e. the Government is passively controlling the inputs,
in the form of various taxes taking away a part of the fund given for the beneficiaries,
doctors' consultation fees Rs. 350/- being humiliatingly lower than
the wage of labourers Rs. 446/- under MGNREGA, 2005,
planned extinction of empanelled hospitals with privatisation of the govt. hospitals,
and
misleading names of the Government health schemes, where it should be one and only
the Bapuji Cake Health Scheme
for deviation from the median rate as in 1996 to the lowest rate as today
tinted with mathematical charm
by the esteemed policy makers who have forgotten
ontogeny recapitulates phylogeny.

Authority: The complainant is in the capacity of being the patient-party and offspring of the E.C.H.S. beneficiary:

Nk Gopal Chakraborty (Retired, Army) (Father)

XXXXXXXXXXXXXXXXXXXX

E.C.H.S. Card No.: XXXXXXXXXXXXXXXXXXXXXXX

E.C.H.S. Polyclinic: Salt Lake

E.C.H.S. Regional Centre: Kolkata, West Bengal

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Respected Official,

Caveat against directing the complainant to take up the matter with the E.C.H.S., the D.E.S.W., or the Ministry of Defence:

At the outset, in PGPORTAL I have previously filed a complaint¹ on issues very different from the issue raised herein, so please do not mess up the complaints intentionally or unintentionally. In my previous complaint against the C.G.H.S.'s policy of inadmissible ayurvedic medicines prescribed by empanelled allopathic specialists and for abolishing reservation system in recruitment of doctors in government hospitals, I clearly requested Dr. Manoj Jain to take the complaint to the MoH&FW and come up with necessary policy changes because the follower Ex-servicemen Contributory Health Scheme adopts policies from the Central Government Health Scheme; the Military personnel, therefore, have little to do in respect of the issues raised.

On 12th December 2023, Dr. Manoj Jain, however, transferred my previous complaint to the D.E.S.W. without any direction, and

¹ DHLTH/E/2023/0016878.

without giving me any reason for the decision taken. What would the D.E.S.W. do, who has no power to make any policy or do any changes affecting E.C.H.S. beneficiaries as well as C.G.H.S. beneficiaries? On what grounds I would take action against the D.E.S.W. if my previous complaint is disposed stating that only the MoH&FW/C.G.H.S. is the policy maker, with copies of C.G.H.S. policies provided as reference? I know my complaints are challenging to the Central Government; but what Dr. Manoj Jain did to my previous complaint hurts brain, that is why I filed my previous complaint again², unwillingly stating that Dr. Manoj Jain is disgrace to human intellect.

That is why now I have addressed the present complaint to the Additional Secretary and Director General (C.G.H.S.). Transferring this complaint to the D.E.S.W./E.C.H.S./MoD, with intention to kill it by bureaucracy, will hurt heart, and I shall file this complaint again with the MoH&FW stating that the Central Government is a pretender. I strenuously request the Additional Secretary and Director General (C.G.H.S.) to **deal with all my complaints** as per its jurisdiction and take it to the MoH&FW and other ministries as and when required.

Requisition:

Please ...

- 1)** In 2024, bring back the guaranteed payment in thirty days clause in the C.G.H.S.'s revised Memorandum of Agreement with the empanelled hospitals, diagnostic centres, and imaging centres. Provide me a copy of the draft of revised Memorandum of Agreement 2024.
- 2)** In the name of taxes, STOP taking away a part of the funds allocated for the beneficiaries. The Central Government will waive TDS on empanelled hospitals and Service Tax/GST on UTIITS. Please take this issue with the Finance Ministry if required.
- 3)** Waive the practice of demanding One Rupee Revenue Stamps from the beneficiaries in individual reimbursement claims. Please take this issue with the Finance Ministry if required.
- 4)** Revise the C.G.H.S. reimbursement rate for IPD/OPD doctors' consultation fees to Rs. 1,274/- w.e.f. April 2023.
- 5)** If taxes are not waived; then revise the C.G.H.S. reimbursement rate for IPD/OPD doctors' consultation fees to Rs. 1,274/- + 20% = Rs. 1,529/- w.e.f. April 2023.
- 6)** Only after rates data is obtained afresh from all empanelled and non-empanelled hospitals in India, complete in the first quarter of 2024 revision of the C.G.H.S. reimbursement rates and package rates for all treatment procedures considering

² DHLTH/E/2023/0017727.

the average rates tailored to each individual state and union territory, considering the cost of living in each state. The Central Government will consider neither the lowest nor the median rates, anymore.

- 7) Email me a copy of that data for scrutiny and for further shaming the Central Government and its Bapuki Cake Health Scheme into making amendments.
- 8) Do not privatize the Central Government Hospitals & clinics.

Outcome of the referred complaint:

PGPORTAL docket no. DHLTH/E/2023/0011579 (old).

The dead bodies of the beneficiaries are a heavy burden on the unabashed Central Government; carrying that burden on shoulder, after having consultation with the Director Dt.GHS, Jitender Singh, the Additional Director of the C.G.H.S., Dr. Manoj Jain, replied on 21st Sep 2023 what I had already reflected in the referred PGPORTAL complaint:

Competent Authority has revised Consultation fee under CGHS on 12.04.2023 as a policy matter.

You know we got independence from the British, but still we are slaves of our own people in power. I know the Central Government seems to believe that and its machineries are fueled by that belief, otherwise how the Additional Director of the C.G.H.S. could mean that I have to accept unquestionably what the Central Government decides for all the beneficiaries and my parents. That reply infuriated me beyond words, and I vehemently appealed saying:

Utterly disgusting and unexpected reply from the person at that high position.

Later, I actually drafted a strongly worded complaint to attack the difficult Central Government and more difficult Officials currently working at the highest point of the Central Government; nevertheless, I refrained from filing that complaint and so I preferred to file one RTI Application. It was so because of the fact that the body of the complaint beginning with the words "Respected Official" reminded me of etiquette, and that my complaint was based on assumptions, as I did not know for what reasons and circumstances the Central Government fixed such a shameful rates of reimbursement where doctors' consultation fees starts from Rs. 1,600/- or more now a days. Now, hereby I present my complaint, equipped with much information.

Background:

Allow me to bring to your knowledge some talks among the E.C.H.S. beneficiaries in the official Telegram group of the Polyclinic Salt Lake, about empanelled hospitals refusing services:

On 11th July 2023 a beneficiary posted:

Dear Sir, came to know from Charnock hospital that they do not have slot till 31st July for Orthopedic opd....also they were saying that they have some problem with the government portal, from where they fetch patients data....To me it felt as if they are intentionally trying to avoid ECHS patients....This is for feedback pls....

Followed by some other beneficiaries, and on 12th July 2023 finally a beneficiary posted:

I don't understand why Charnock hospital is in the list of empanelled hospital. I too was refused once and one of my friends also was not admitted since beds of our status no available. I don't know, what is our status! If this is the scenario then it's a situation to be worried about. Next is there a contact number available of the designated employee of the hospital to handle echs patients, if not a concern. I'd request the I/C to please guide us where to raise the complaint.

Followed by the post of a beneficiary on 13th July 2023:

Now, I would like to inform all that We, self & wife failed to get appointments of OPD ortho & Cardio in Medica hospital as referred by our ECHS (to Empanelled hosp) , issues were totally neglected. So please keep a note of it.

Followed by a beneficiary with the post dated 14th July 2023:

Sir, I don't know whether you disclosed your identity while booking an appointment or not. **But my suggestion is please don't disclose your identity while booking and try.**

Followed by another beneficiary with the post dated 16th July 2023:

Thank you Sir,

I fail to understand that why we have to resort to such tricky approach, since they are empaneled, their non-cooperation should be suitably handled by our concerned & respected higher authorities. Just few days back Medica has inhumanly refused emergency admission of Ex Sgt. Jubaraj at midnight citing a silly reason. Which was totally unacceptable but BP Poddar could allow his admission. Sorry to inform that our friend expired subsequently in BP Poddar. Many of us have similar complaints against Medica. I am bringing the issue of our helplessness to the notice of our competent authority.

Before criticising the Central Government for making disgustingly shameful policies day by day for the aged and retired citizens who are under the Bapuji Care Health Scheme, which comprises the Central Government Health Scheme and the Ex-Servicemen Contributory Health Scheme, it is imperative to have a glimpse of economy and income of the nation.

The nature of money

Starting from scratch. To survive, material needs of human beings are primarily food, clothing, and shelter, and all needs of whatsoever form are free natural resources that are turned into different requirements by humans of different professions. Fundamentally, what humans do is turn natural resources into consumptions, possessions, and more humans by reproduction; thereby empowering itself to exploit more and more resources be it natural resources or human resources.

When one human wants the service of other to fulfill its material needs; then, in exchange the human owes to the other some material needs or a guarantee to do service called money. Money can be exchanged for material needs as and when desired, which is called buying, and this system in large scale is called economy. Unlike material assets, the buying power of money fluctuates over time for various concrete reasons and realistic factors, and so much we can have about money is just an idea. That is why the strength of humans can be expressed by the imaginary equation:

$$\text{Strength} = \text{Material Assets} + \text{iota Money}$$

We have seen in recent past that this imaginary equation has real power to bring down Pakistan and Shri Lanka to their knees.

GDP of India versus GDP of Indians

Nowadays, given the available free resources, population explosion and inability to bear expenditure have driven many humans to give up their land to promoting and to live in skyscrapers. Australia is the leading exporter of coal in the world; it generates income no matter how much criticism it faces over environmental issues. China procures minerals from Africa, mined by adults and even minors. China is expanding its dominance over Pakistan, Nepal, and water territories of Japan to exploit more free resources. Doing so China has even tried to infiltrate India's border. Whereas, India is running out of whatsoever little free resources available in the country; India stands no chance in fearsome competition of acquiring foreign estates and free resources; oddly, there is little or no foreseeable effort and policies in this regard, though. Brothers kill each other for property and people kill each other for politics, at least in West Bengal; I am surprised to see how this survival instinct disappears in administrative silence and diplomatic politeness of India. Having depleted material assets India is, therefore, more susceptible to the imaginary nature of money, in the equation of strength, leading to insecurity, inflation, and volatility.

The West Bengal Government is being blamed for not favouring industrialization and eviction of Tata Nano Factory. In reality, due to defective general government's policies, corruption, and global warming, the farmers have had willingly given up their land to the Tata Nano Factory in exchange of lump sum amount and secured menial jobs in the factories. Population explosion and so heightening requirements for survival are driving India and all other countries in to more intense exploration of whatsoever

limited free natural resources available in one's own country and more abroad - willingly or unwillingly. Doing so opens door to Foreign Direct Investments (FDI) inviting foreign investors, foreign companies, and foreign governments to have ownership stake in our country's resources, economy, and future. The Gross Domestic Product (GDP) of India (place), therefore, takes in its ambit the ownership stake of the foreigners in India's natural resources and human resources. It is far different from GDP of Indians (people) where only borrowing is done and our resources remain entirely of our own.

Privatisation of the Central Government Hospitals

The situation is worsened by the compounding FDIs due to which 50% of our economy will be owned by the Indians and the rest by the foreigners in perceivable future. For instance as per NITI Aayog³, the Department of Economic Affairs, Government of India, in 2006 introduced "the scheme for Financial Support to PPPs in Infrastructure"; NITI Aayog has proposed upgradation of government hospitals to medical colleges providing free OPD, free 300 beds for IPD, and 20% additional paid beds. The Central Government is doing privatisation of government medical institutions on Public Private Partnership (PPP) basis. To this effect, the Kolkata Port Trust (under the Ministry of Shipping) has published Bid document⁴ for **International Competitive Bidding** Request for Proposal having Tender Notice No. MED/CH/304/21-22/137 dated 11th March 2022 and even dated 7th July 2023 for privatisation of their one and only one 104 bedded Centenary Hospital, which provides IPD and OPD medical treatment to the pensioners of Kolkata Port Trust. Guess who is going to get the contract, only one who is going to give the Government the highest revenue share of commercial operation.

With increasing GDP, therefore, we have more money but lesser material assets and free resources at our disposal; but it is not same for everyone because of which rich are getting richer and poor are getting poorer. With diminishing free resources, population explosion, and dominating foreigners, we are increasingly being burdened by debt and obligation to provide for their profits. GDP of India shall remain stable or increase; but given the imaginary nature of money contributing to increasing inflation, GDP of Indians is already declining considering the after effects once incubation period of FDI is over, for the reason why India is the preferred destination for cheap labourers

³ https://www.niti.gov.in/sites/default/files/2021-03/InvestmentOpportunities_HealthcareSector_0.pdf (Page 13, Investment Opportunities in India's Healthcare Sector, NITI Aayog 2021.)

⁴ https://smportkolkata.shipping.gov.in/tendersdetails.php?tender_id=6714&tcat_id=6&
https://smportkolkata.shipping.gov.in/showtnfle.php?tender_id=6714

attracting maximum FDI in the service sector⁵.

**Backstabbing the beneficiaries:
Turning empanelled Hospitals against**

The Central Government having little or no policy for acquiring foreign estates and free resources and having policies overly dependent on privatisation and FDIs are exemplary evidences of the Central Government's tendency to pass on the burden and be less responsible to the people governed. In the Memorandum of Agreement, 2009, with the empanelled hospitals, the C.G.H.S. assured appointment of Bill Clearing Agency **for direct payment of bills within ten days** from the date of submission of physical bills by the empanelled hospitals.

In the Agreement dated 4th March 2010, the C.G.H.S. appointed UTI Infrastructure and Services Limited as the Bill Clearing Agency (or Bill Processing Agency in terminology of the E.C.H.S.) with agreed upon condition that the UTIITS would clear the bills within four working days from the date of receipt of the physical bills. In June 2010, the C.G.H.S. made advance payment of Rupees Seventy Crore to the UTIITS for the purpose of provisional payment of bills to the empanelled hospitals.

As per the Memorandum of Agreement, 2014, with the empanelled hospitals, the UTIITS was directed to make provisional **payment of seventy percent of bill amount within the period of five working days upon submission of physical bills and payment of balance admissible amount after due scrutiny within a maximum of thirty days**. Whereas, in October 2015, the C.G.H.S. directed the UTIITS to process the bills within four working days and submit the same to the C.G.H.S. for further examination and approval, but entirely stopped provisional payment. Then the C.G.H.S. used to take generally seven working days for further action, **thereby making payment of bills only after eleven working days**.

In the Memorandum of Agreement, 2017, with the empanelled hospitals, the C.G.H.S. **lengthened the payment time by directing the UTIITS to make payments to the empanelled hospitals preferably within thirty days** after submission of physical bills.

In the Memorandum of Agreement, 2022, with the empanelled hospitals, **the C.G.H.S. offered no guaranteed payment of bills** by entirely omitting the payment clause: "... payment of hospital claims (admissible amount) is done expeditiously".

This proves that, no matter how much high is the GDP of India

⁵ As per Annexure I, Ministry Of Commerce & Industry, Department for Promotion of Industry and Internal Trade, Rajya Sabha, Unstarred Question No. 1109. To be answered on Wednesday, the 13th February, 2019. Growth Rate Of FDI Inflows (annex_248_Au1109.docx).

<https://sansad.in/getFile/annex/248/Au1109.docx?source=pgars>

(place), due to bad policies of the Central Government and decreasing GDP of Indians (people), for the Central Government it is becoming exceedingly difficult to do necessary expenditure day by day and to pay the pending bills of the empanelled hospitals:

However, audit noted that 6.32 lakh claims amounting to Rs. 527.62 crore were outstanding as on 31 March 2021. CGHS replied (April 2022) that due to budget deficit, amounts remained outstanding.⁶

All these facts show that for the Central Government it is becoming harder to keep up with the virtues of the Health Schemes for the beneficiaries; this explains why the beneficiaries are being given a kind of medical treatment in the Government Hospitals and Health Care Centres that is somewhere between no treatment and excellent treatment; this explains why the beneficiaries are refused treatment by the empanelled hospitals:

In West Bengal, Bapuji Cake costs Rs. 7 and Monginis cake costs above Rs. 300. You know the standard of government service is reasonable, neither the best nor the worst, just because no person in this country, rich or poor, should die without ever having the taste of cake - at least of Bapuji cake. This explains why Swasthyasathi card holders (W.B. Govt.) and E.C.H.S. and C.G.H.S. card holders (Central Govt.) are sometimes refused services⁷ by costly hospitals (with exception BM Birla). C.G.H.S. and E.C.H.S. are here to assure the beneficiaries that they will live in their sunset years with dignity and independently; but sadly, compromise is the best advocate, as no patient is supposed to get ambulanced to an advocate's chamber instead of a doctor's clinic.

I would rather say Bapuji Cake Health Scheme than saying Central Government Health Scheme and Ex-servicemen Contributory Health Scheme - this is not mockery of the C.G.H.S. and the E.C.H.S. on which lives of many beneficiaries and that of my parents are dependent, but criticism of the Govt. with constructive feedback. **It is my earnest request to you to keep in mind that the Bapuji Cake Health Scheme refers to the C.G.H.S. and the E.C.H.S, always and forever.**

That is the reason why there is growing need of the Central Government to petrify the complaining beneficiaries and their

⁶ C.A.G. Report No. 17 of 2022, Chapter III: Reimbursement of Medical Claims, Performance Audit of Procurement and Supply of Drugs in CGHS, Page no. 47.

<https://cag.gov.in/en/audit-report/details/116636>

https://cag.gov.in/uploads/download_audit_report/2022/7%20Chapter%203-062f0e7626babf8.64112400.pdf

⁷ C.O. E.C.H.S. letter no. B/49770/AG/ECHS/Treat/Policy/2022 dt. 21st July 2023; not published in E.C.H.S. website (copy enclosed).

protesting patient-parties:

In the afternoon of 26th July 2023, without prior notice, the administrators of the E.C.H.S. imposed restriction on the beneficiaries to prevent the beneficiaries from speaking their problems, protest against unfair policies, oppression, and suppression, and be empowered, which the beneficiaries and I on behalf of my parents did through writing messages in Government Notified **official group of the E.C.H.S. Polyclinic Salt Lake in the Telegram app⁸.**

And

The Indian Military is repeatedly threatening me.

**Backstabbing the beneficiaries:
Central Government is taking back funds**

Backstabbing the beneficiaries of the Bapuji Cake Health Scheme does not end here. The Central Government wants UTIITSL to pay Service Tax (Rs. 12.5 to Rs. 750 per claim) on the processing fee that the UTIITSL charges at the rate two percent of the claimed amount⁹; the Central Government wants the empanelled hospitals to pay TDS at the rate ten or seven point five percent, too. **The taxes are not paid out of their pockets to the Central Government; they add that to the prices and charge the Central Government more, which in effect indirectly lowers the budgetary allotment to the Bapuji Cake Health Scheme.**

The Bapuji Cake Health Scheme does not have adequate facilities to offer medical treatment to its beneficiaries in Government hospitals, so the Central Government empanels private hospitals and diagnostic centers; it does not have adequate human resources to process lakhs of reimbursement claims, so the Central Government has appointed the UTIITSL; the empanelled hospitals and UTIITSL are not giving services for which taxes should be deducted, rather they are doing favour to make up the deficiency in the Bapuji Cake Health Scheme.

Mind says that it is okay to deduct tax from income of people; but **heart says it is NOT okay to take back even a dime from the amount allotted for aged beneficiaries, which amounts to twenty to twenty-two percent each year including Rupee One paid as revenue by a beneficiary on a reimbursement claim.** Why so much step

⁸ PGPORTAL grievance docket nos. MODEF/E/2023/0004446 and MODEF/E/2023/0004868, but all in vain.

⁹ As per D.E.S.W. File No. 22(03)/2016/WE/D(Res-I) dated 22nd Feb 2018, the processing fee has been revised to 2% of the claim amount submitted by E.C.H.S. empanelled hospitals, diagnostic laboratories, imaging centres, and individuals for reimbursement claims, subject to a minimum of Rs. 12.50/- and a maximum ceiling rate of Rs. 750/- (all inclusive of processing fee and service tax/GST).

motherly policies, why not the Central Government be whole hearted in taking care of the health of the aged beneficiaries?

Cause of action:

Senior specialists debarred

39. ... Such doctor-patient contract is almost always an implied contract, except when written informed consent is obtained. While a doctor cannot be forced to treat any person, it has certain responsibilities for those whom it accepts as patients. Some of these responsibilities may be recapitulated, in brief:

(c) to exhibit reasonable skill: The degree of skill a doctor undertakes is the average degree of skill possessed by his professional brethren of the same standing as itself. The best form of treatment may differ when different choices are available. There is an implied contract between the doctor and patient where the patient is told, in effect, "**Medicine is not an exact science. I shall use my experience and best judgment and you take the risk that I may be wrong. I guarantee nothing.**"¹⁰

The disappointment of the beneficiaries of Bapuji Cake Health Scheme is due to failure to understand that the Central Government also does not guarantee consultation from experienced senior specialists¹¹. What is being provided in the Bapuji Cake Health Scheme is medical treatment in all specialties available in the empanelled hospitals **but not from all specialists available in the empanelled hospitals**:

E. OPD CONSULTATION:

Empanelled hospital shall provide Consultation **from Specialists** of empanelled hospitals at CGHS rates **in all Specialties** available in the hospital / included in the scope of services recommended by NABH in case of NABH Accredited HCOs.

Empanelled hospitals cannot exclude any specialties available / included in scope of services approved by NABH.¹²

¹⁰ Supreme Court of India, Criminal Appeal No. 1432 of 2013, Dr. P.B. Desai vs. State of Maharashtra and other, dated 13th Sep 2013, page no. 31 and 32.

¹¹ As seen on my last visit to Command Hospital (Eastern Command) a few years ago, one senior specialist in the room M01 (ground floor) is for the officers but two general physicians in the room M02 (adjacent) are for the other ranks. In West Bengal, senior specialists from State Government Hospitals give in television presentation on state-of-the-art medical treatments, which are routinely prescribed to the VIPs but seldom prescribed to ordinary people.

¹² C.G.H.S's. Memorandum of Agreement, 2022, with empanelled hospitals.

Humiliating reimbursement rates

Allow me to bring some glaring facts on the table of discussion. The Central Government pays reimbursement for the cost of OPD and IPD consultation with doctors at the **revised C.G.H.S. prescribed rate of Rs. 350/- only¹³**. On the other hand, under the Mahatma Gandhi National Rural Employment Guarantee Act, 2005, for unskilled manual work, i.e. any physical work which any adult person is capable of doing without any skill or special training, the labourers earn per day as per the following table¹⁴:

<u>Category of worker</u>	<u>Wage per day</u>
Un-skilled worker	Rs. 223/- in West Bengal. (Rs. 333/- in Sikkim's Gnathang, Lachung, and Lachen)
Semi-skilled worker	Rs. 334/-
Skilled worker	Rs. 446/- (much higher in other states)

Even in West Bengal, the minimum rates of wages¹⁵ for the employees employed in (a) clinical establishments including pathological laboratories and diagnostic centres and (b) private hospitals and research centres not carried on by Government or local authorities are as follows:

<u>Category of worker</u>	<u>Wage per day</u>
Unskilled: Helper, Cleaner, Ward Boy, Ward Assistant, Ayah, Attendant, Durwan, Peon, Security Guard, House Keeping Assistant, Office Bearer, Canteen Boy, Sweeper	Rs. 376/-
Semi-skilled: Lab Assistant, Blood Collector, Male Nursing Attendant, Male Medical Assistant, Trained Ayah, Receptionist, Assistant Cook, Typist, Plumber, MGPS	Rs. 414/-
Skilled: Nurse, O.T. Assistant, Technician, X-Ray Technician, C.T. Scan Technician, MRI Technician, Laboratory Technician, Dental Technician, Medical Record Keeper, Supervisor, Clerk, Cashier, Accountant, Cook, Pharmacist	Rs. 455/-
Highly Skilled: Senior Nurse, Pathologist, Matron, Dietician, Biochemist, Radiologist, Administrative Executive, Sales and Marketing Executive	Rs. 501/-

Now, it seems that under the rule of the Government of India a lower rung labourer and a peon earn more than what a doctor does.

¹³ Directorate General of C.G.H.S., DoH&FW, Government of India letter no. F No Z15025/28/2022/DIR/CGHS dated 12th April 2023.

¹⁴ Govt. of W.B., Panchayats & Rural Development Department's Memo. No. 804 (Sec) RD/O/NREGA/18S-06/09 dated 31st Mar 2022.

¹⁵ Govt. of West Bengal, O/o the Labour Commissioner's Memor No. 28/Stat/2RW/9/2022/LCS/JLC dated 28th July 2023.

You have liberty to argue that, an empanelled doctor sees many C.G.H.S. and E.C.H.S. beneficiaries per day; thus, the Central Government pays to the empanelled doctor more than what a labourer earns per day; beside that the empanelled doctor earns from private practice, too.

Then, I would argue that, of course, the empanelled doctor earns much from private practice - the right to life encompasses the right to earn livelihood. After all, why would the empanelled doctor be satisfied with the humiliating payment that is less than what a labourer earns under MGNREGA? Why would a senior specialist get itself empanelled with the C.G.H.S. and E.C.H.S. for a demeaning payment that an empanelled general physician and an empanelled junior and unexperienced specialist do equally get? That is why AMRI Salt Lake Hospital Calcutta is empanelled not anymore, I suppose, and that is why empanelled doctors are at liberty to refuse service to the beneficiaries, too:

1. It is observed with concern that many Emp hospitals are **not providing cashless treatment to genuine ECHS beneficiaries on the pretext of flimsy reasons**. Some of them are resorting to advance payments as well. This is viewed seriously by higher authorities and against the spirit of cashless provisions under MOA¹⁶.

The Central Government must understand that the rate of reimbursement offered for the cost of OPD and IPD consultation with non-empanelled doctors of different specialties and stature and the rate of payment made to empanelled doctors of different specialties and stature for seeing referred C.G.H.S. and E.C.H.S. beneficiaries are simply unsustainable, humiliating, and demotivating for the respected doctors.

Grounds for requisition (in ascending amount):

Ground 1: Arbitrary decision made on a whim

Given:

At this juncture, AS&FA remarked that the rates of the four procedures appeared to be closer among L1 and Ave./Median and therefore, how the multiplication factor of 0.822 was applied to whole list. AS&FA raised a query as to why the reverse of it cannot be applied? - since the Average/Median rates of four selected procedures were 1/0.822 - i.e., approximately 1.2 times, why can't a factor of 1.2 applied for 2014 rates for enhancement. AS&FA was also of the view that proposal for enhancement by further by 50% of DA increase is also not justified.

AS&FA asked PD to consider revision of some procedures now

¹⁶ C.O. E.C.H.S. letter no. B/49770/AG/ECHS/Treat/Policy/2022 dated 21st July 2023.

and decide on the remaining later.

In conclusion, AS&DG directed that the Program Division should re-examine the proposal.

2. In view of the above the following proposal is submitted for consideration:

i) it is submitted for consideration that the commonly used procedures accounting for a major proportion of expenditure may be re-examined for anomalies and correction.

(ii) Pending such an exercise, the rates for Consultation fee / Room rent / ICU, as proposed may be considered for revision as a first step, as per the details given under:

a) Consultation Fee (IPD & OPD) may be fixed at Rs. 350¹⁷

And

4. With regard to revision in Consultation Fee, PD has stated that Specialist consultation Rs. 300/- may be taken as Standardized rate for both OPD and indoor consultations (Consultation rate of specialist for indoor treatment in 2014 is Rs. 300/- and Rs 150 in OPD).¹⁸

Calculation:

1.2 times Standardised OPD/IPD Consultation rate 300 = Rs. 360/-

Ground: As per decision of the Central Government, the revised reimbursement rate for OPD/IPD Consultation fees should be Rs. 360/-, but without offering any reason and calculation the Central Government arbitrarily reduced Rs. 10/- and declared on a whim Rs. 350/- as the revised reimbursement rate in the year 2023. It is a loss for the beneficiaries who are made to pay for One Rupee Revenue Stamp and significant amount of expenditures related to xerox, etcetera.

Ground 2: Repossession of funds given

Given,

Rate of TDS deducted from the empanelled hospitals = 7.5%

Rate of Service Tax deducted from UTIITSL = 12.5%

Rate of reimbursement for OPD/IPD consultation = Rs. 350/-

Calculation:

Total tax deducted = 20% of 350/- = Rs. 70/-

Revenue Stamp taken from a beneficiary = Rs. 1/-

Total repossession by govt. = Rs. 71/- or 20.28% from Rs. 350/-

¹⁷ File Noting Note # 96 of the reference File No. FTS8187036, MoH&FW's No. Z15025/28/2022/DIR/CGHS.

¹⁸ File Noting Note # 106, Integrated Finance Division, File No. Z15025/28/2022/DIR/CGHS.

The Central Government gives Rs. 350/- but takes back Rs. 71/-.

Ground: Rate of reimbursement for OPD/IPD consultation must be at least $350+71 =$ Rs. 421/- with stoppage of revenue and deduction of taxes to reflect whole heartedness of the Central Government. Similarly, rates for treatment procedures must be enhanced, too.

Ground : Experienced senior specialists illegally excluded

Given,

2010, C.G.H.S. Delhi Rates¹⁹

Consultation	NABH accredited hospital	Non-NABH hospital	Super Specialty Hospital
OPD	Rs. 58	Rs. 50	Rs. 240
IPD	Rs. 72	Rs. 63	Rs. 240

And

2014, C.G.H.S. Calcutta Rates²⁰

Consultation	NABH accredited hospital	Non-NABH hospital
OPD	Rs. 150	Rs. 150
IPD	Rs. 300	Rs. 300

And

E. OPD CONSULTATION:

*Empanelled hospital shall provide Consultation **from Specialists** of empanelled hospitals at CGHS rates **in all Specialties** available in the hospital / included in the scope of services recommended by NABH in case of NABH Accredited HCOs.*

Empanelled hospitals cannot exclude any specialties available / included in scope of services approved by NABH.²¹

And

During the era of Prime Minister Manmohan Singh (Congress 2004 to 2013), the Central Government used to consider the consultation fees charged by the senior specialists in super specialty hospitals.

Calculation:

For year 2014, extrapolation of data available in the year 2010:
Average of the lowest rates = $(50+63)/2 = 56.5$

¹⁹ Office Memorandum No. S.11011/23/2009-CGHS D.II/Hospital Cell (Part I) dated 17th Aug 2010, Dept. of Health & Family Welfare, MoH&FW. https://dgehs.delhi.gov.in/sites/default/files/inline-files/cghs_approved_rates_2010.pdf

²⁰ <http://cghskolkata.nic.in/pdf/hco/rate.pdf>

²¹ C.G.H.S's. Memorandum of Agreement, 2022, with empanelled hospitals.

Rate of reimbursement of fees for consultation with senior specialists in super specialty hospitals = 240

$$\frac{(L1) \text{ Consultation fees of senior specialist}}{(L1) \text{ Consultation fees of junior specialist}} = \frac{240}{56.5} = 4.248$$

Revised rate = Factor 4.248 times the Standardized rate 300
Implies, the revised reimbursement rate OPD/IPD = 1,274.34/-

Ground: During the era of Prime Minister Narendra Modi (BJP 2014 to present), the Central Government does not guarantee consultation from the experienced senior specialists available in empanelled hospitals, and so it has stopped considering the consultation fees of senior specialists. The Central Government, however, will not strangulate every possibility where a senior specialist wishes to be empanelled. The Central Government, therefore, will revise the reimbursement rate considering the consultation fees charged by the senior specialists, and uniformly implement Rs. 1,274/- for OPD and IPD with effect from April 2023.

Ground 3: Violation of principle

Given,

In 1996, the median rate quoted by the hospitals was considered for fixation of the rates. In 2001, modified Median rate quoted by empanelled hospitals was considered. In 2006 and 2010 and 2014 the Lowest rate (L1) quoted by hospitals were considered.²²

And

13.1.9 Empanelment of private hospitals and diagnostic centres under CGHS

As CGHS does not have adequate facilities to offer medical treatment to its beneficiaries in Government hospitals, it empanels private hospitals and diagnostic centers in all CGHS covered cities. For this purpose, tenders were floated in 2009 **calling for private hospitals and diagnostic centers interested in being empanelled under CGHS to offer their rates** for various procedures / tests, etc. Based on the rates quoted by the private hospitals and diagnostic centers, **the lowest rates** in respect of each procedure / test were offered to the private hospitals and diagnostic centers and the private hospitals and diagnostic /imaging centers which accepted the rates have been empanelled under CGHS in Delhi and all other CGHS cities.²³

²² File Noting Note # 96 of the reference File No. FTS8187036, MoH&FW's No. Z15025/28/2022/DIR/CGHS.

²³ Chapter 13 Medical Relief & Supplies Annual Report 2012-13 Pg. 181. <https://main.mohfw.gov.in/sites/default/files/CHAPTER%2013.pdf>

And

Consultation fee of a non-empanelled senior pulmonologist from empanelled BM Birla Hospital Calcutta, for E.C.H.S. sanctioned²⁴ treatment, is currently Rs. 2,000/-²⁵. For which my father is disgustingly getting reimbursement of Rs. 350/- only.

Ground: In the fast lane of advancing medical science, the Bapuji Care Health Scheme would always be dependent on the empanelled hospitals for new and better treatment options; reimbursement-claims are, therefore, integral and indispensable part of medical treatment of the aged beneficiaries. In the beginning, data was sourced from the open market, i.e. from any interested party, for fixation of reimbursement rates and the median rates were considered. Then data was sourced only from the closed market, i.e. empanelled hospitals. Not only the empanelled hospitals keep their rates appealing to the Central Government by quoting the lowest rate, but also the empanelled hospitals are controlled by terms and conditions of the Central Government; thereby in effect, passively the Central Government is always in control of inputs of data for revising reimbursement rates. Given increasing inflation, the reimbursement rates are in effect gradually being reduced by trashing the old good policies, on the shoulders of which the Central Government is standing today, thereby causing deliberate violation of the principle "ontogeny recapitulates phylogeny"²⁶. The Central Government would source data from open market and from every state having different cost of living, i.e from empanelled and non-empanelled hospitals, and revert to the median rate for revision of rates for reimbursements with effect from March 2023:

AS&FA was of the view that PD should re-examine the matter, whether rates of some selected procedures is enhanced immediately and think about other later. PD may also examine, if they can explore the option of comparing the rates of followed by a good number of private hospitals in 2023 having 50 beds/100 beds/ and more beds.

It was submitted by CGHS that picking up rates from some hospitals would invite criticism and more over all the hospitals would not change in market on the lines of CGHS and they charge under different heads.

Since, the data base used was of 2014 rates and the rates were finalized and L1 rates were considered, the proposal to consider Average/Median rates on the same data base shall be a policy change. ²⁷

²⁴ E.C.H.S. Regional Centre Kolkata's Sanction letter no. 202771/Waiver/Med dated 28th Feb 2023.

²⁵ Bill dated 10th March 2023 (copy enclosed).

²⁶ Meaning: during embryonic development, its entire evolutionary history is repeated.

²⁷ File Noting Note # 96 of the reference File No. FTS8187036, MoH&FW's No. Z15025/28/2022/DIR/CGHS.

Ground 4: Extinction of empanelled hospitals

Empanelment of private hospitals is done because the Bapuji Cake Health Scheme has neither adequate facility nor capacity to provide services to the beneficiaries. Very much of that deficiencies will be taken care of once privatisation of the government hospitals are done; there will be neither necessity to refer the beneficiaries to the empanelled hospitals nor necessity to empanel private hospitals, anymore. Once empanelled hospitals have become nonexistent, where would the aged and poor beneficiaries be referred to obtain the second medical opinion? Once a legal right is granted, it cannot be revoked. That is why the patients' right to obtain the second medical opinion, adopted and recognised by the Central Government²⁸, is cleverly not implemented in the Bapuji Cake Health Scheme and the Central Government is impervious to requests made in this regard²⁹. This is the reason why the empanelled hospitals compartmentalize the beneficiaries from general private patients and provide to the beneficiaries a small sample of or truly an advertisement on how good their services could be without giving full-fledged services as deludedly envisaged in Bapuji Cake Health Scheme, failure in understanding of which is the reason that infuriates the beneficiaries beyond words. With increasing inflation, the lowest and humiliating reimbursement rates prescribed by the Central Government not only fuels this fire but also causes repugnance in the minds of the beneficiaries against the empanelled hospitals. This is deliberate attempt of the Central Government to persuade the beneficiaries into accepting, if not liking, privatisation of the Central Government hospitals, so that protests and law suits against privatisation of the Central Government hospitals is precluded. This is the wicked plan of the Central Government, which a layperson can contemplate from the actions and policies of the Central Government. This is what I foresee. Now the question remains, who will be the greatest beneficiary of such privatisation, is it the business tycoons in India or in foreign countries? Thanks.

Hopefully, &c.,

Place: Dum Dum, Calcutta.

Enclosures:

(Signed)

(Digital copies)

ANIRBAN CHAKRABORTY As much as possible given the 4MB

Patient-party and authorised size limit in PGPORTAL. All
representative. supporting documents are emailed.

Copy forwarded for information and necessary action to:

As per closure email.

²⁸ FTS-8227200 File No. Z.28016/32/2023-SAS-II(NCS) dated 28th June 2023.

²⁹ PGPORTAL docket nos. MODEF/E/2021/03491, DDESW/E/2021/03074, MODEF/E/2021/05261, MODEF/E/2023/0004848, and DHLTH/E/2023/0010478.

AFFIDAVIT

I Anirban Chakraborty S/o Nk Gopal Chakraborty (Retired) aged about 35 years being an Indian citizen and in the capacity of being the offspring and the patient-party; do hereby solemnly affirm that the statements made in this complaint are true to my knowledge and information received and the rest are my humble submissions.

Harassment of the RTI Applicant:

Incident No. 1

The administrators of the E.C.H.S. are indifferent and unfaithful to the aged, alone, and helpless beneficiaries living in their sunset years, who are ignorant of law. My RTI Application DEXSW/R/E/22/00891 was meant to do an investigation in this regard; the limited RTI Reply was sufficient to expose some of the accused administrators; doing so, I filed the First Appeal to complete the investigation and to expose the remaining accused E.C.H.S.'s officials. My investigation was a source of danger to some of them. So, to stop me from filing new RTI Applications and to discourage me from continuing the RTI Applications already filed in the interest of all the beneficiaries, on 2nd Dec 2022 the then Officer-in-Charge Station Cell E.C.H.S. HQ Bengal Sub Area, **Lt Col S.C. Katoch**, filed a false complaint³⁰ against me asking higher authorities to blacklist me. The nature of the false complaint was so scandalous and defamatory that I could not accompany my aged father to the Polyclinic for months. Later, on the order of the then Managing Director C.O. E.C.H.S. a meeting was held for 3 hours in Fort William Calcutta; consequently I was declared not guilty and the then Director Regional Centre Kolkata informed that in email to the Managing Director. That is insufficient for me, so I filed follow-up RTI Application DEXSW/R/E/23/00418 and the First Appeal DEXSW/A/E/23/00080; Lt Col S.C. Katoch was directed to respond; but it seems that the Army has joined hands to protect the criminal by remaining silent, making mockery of the RTI Act. **The black flag shall not be removed in protest, until the Indian Military honestly provides reply to my follow-up RTI Application and initiates the process of General Court Martial against Lt Col S.C. Katoch.**

Incident No. 2

Due to unbecoming, intolerable, and abusive behaviour of a doctor, I preferred to file the petition dated 10th July 2022³¹ requesting the then Officer-in-Charge of the Parent Polyclinic to order the doctor to maintain decorum of the Polyclinic. As the result of which, for vengeance, on 25th July 2022 the doctor abruptly did not issue six medicines for chronic diseases of my father that are ordinarily issued every month.

³⁰ Lt Col S.C. Katoch's letter being no. 103/8/Gen/50/RTI dated 2nd Dec 2022.

³¹ PGPORTAL Docket No. DDESW/E/2022/01813.

It was criminal negligence and much more, consequence of which my father was forced to visit the same doctor on 29th July 2022 **for the second time** in the same month, and **in the way to the Polyclinic my father have had a bus accident with head injury, bleeding from ear, shoulder injury, and hip injury; followed by emergency ICU Admission on 2nd Aug 2022.** The fact remains one of the medicines that were denied by the doctor was prescribed by the pulmonologist before and again after the bus accident.

Earlier due to deficiency in service in E.C.H.S. and later due to criminal negligence, my father has suffered enough. For my father, I could have dragged them to Court, but decided to teach their kind of personnel a lesson in the gentlest way by making the E.C.H.S. acknowledge the wrong that happened to my father and that by requesting sanction for reimbursement cum compensation after doing inquiry in to the alleged wrongs. The then Director Regional Centre Kolkata refused to acknowledge the wrongs without doing inquiry, and so a PGPORTAL Appeal has been filed with the Director Medical C.O. E.C.H.S., Col A.C. Nishil.

Col A.C. Nishil appeared very late with the following decision letter not in respect of my father, Nk Gopal Chakraborty (Retired), but in respect of a stranger namely Deepak Kumar:

Shri Anirban Chakraborty

*2 No. Motilal Colony,
Rajbari Colony
Kolkata-700081,
(West Bengal)*

CPGRAMS REGN NUMBER DDESW/E/2023/0000058

IN R/O SHRI DEEPAK KUMAR

1. Ref your CPGRAMS Regn No DDESW/E/2023/0000058 dt 07/07/2023.

2. It is intimated that you have already been replied through appropriate channels. Emergency Certificate is mandatory requirement for processing of your claim for payment.

(Signed-illegible)
Col
Dir (Med)
For MD ECHS

Pertinently, I wrote about this incident in one RTI Online Application seeking certified copy of the decision letter about my father:

It is assumed that the Director Medical C.O. E.C.H.S. committed a bona fide mistake by gross negligence. When bona

fide mistake, however, becomes chronic and negligence becomes the second nature of the administrators, so that it freely runs down through hierarchy; then, the lower rung take it as permission to misbehave, to deceive, to manipulate the system, to play ranks, and to deny service, which in toto amounts to deficiency in service. They must be reprimanded for their actions unbecoming to the service in the Indian Military, as the Military fights for them who cannot defend themselves; they must be censored severely and removed from their positions for their actions highly dangerous to the interest of the aged, alone, abandoned, diseased, and retired soldiers and their dependents.

In the RTI Reply dated 27th July 2023, the certified copy of the decision letter has been not provided, as it does not exist, and someone from the C.O. E.C.H.S. has made the following marking:

-----> (f) Those misutilising the provision be it ECHS beneficiaries/empanelled hospitals will be strongly penalised.

Impression made: The C.O. E.C.H.S. has threatened me by making the bold arrow mark making an impression that if I escalate the matter against Col A.C. Nishil; then my father will face bitter consequences and more pain than the E.C.H.S. had inflicted.

ANIRBAN CHAKRABORTY

Signature in ink is not required,
as filed in PGPORTAL after due
authentication.

1 6 3 6 7 6 9 7 7 2 5 2 1 >
C% B ORIGINAL EoD